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## ABSTRACT

The booklet sets forth requirements for special education certification and approval in Illinois. Outlined are requirements for certification for the following disability areas: educable mentally handicapped, learning disabilities, social/emotional disorders, trainable mentally handicapped, blind and partially seeing, deaf and hard of hearing, physically handicapped, and speech and language impaired. Information is listed for classroom teachers, as well as administrators and special teachers, including diagnostic teachers and therapists. (CL)

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# ILLINOIS STATE BOARD OF EDUCATION

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State Superintendent of Education

State Teacher Certification

100 North First Street  
Springfield, Illinois 627

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## SPECIAL EDUCATION CERTIFICATION AND APPROVAL REQUIREMENTS AND PROCEDURES

For purposes of district reimbursement, individuals seeking employment in approved public school special education programs must be approved by the Illinois State Board of Education. The Illinois State Board of Education will grant personnel approvals in three broad categories: approvals coinciding with special education certification areas; approvals issued for special education teaching positions in which no certificate is available; and approvals issued in other personnel areas of special education.

### I. STANDARD SPECIAL CERTIFICATES ISSUED IN SPECIAL EDUCATION AREAS

The Standard Special Certificate for areas of special education will be issued to persons who hold a bachelor's degree from a recognized teacher education institution and meet general and professional education requirements as specified in the publication *Minimum Requirements for State Certificates*, available from the Certification and Placement Section, Illinois State Board of Education, 100 North First Street, Springfield, Illinois 62777.

The special education areas for which certification on a Standard Special Certificate may be obtained and the requirements for each are listed below:

- A. Educable mentally handicapped
- B. Learning disabilities
- C. Social/emotional disorders
- D. Trainable mentally handicapped

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- E. Blind and partially seeing
- F. Deaf and hard of hearing
- G. Physically handicapped
- H. Speech and language impaired

#### **A. Educable Mentally Handicapped**

1. 32 semester hours including at least one (1) course in each of the following areas:
  - a. Survey of exceptional children
  - b. Characteristics course for educable mentally handicapped children
  - c. A two (2) semester hour methods course for teaching educable mentally handicapped children
  - d. Psychological diagnosis of all types of exceptional children
  - e. Student teaching with educable mentally handicapped children (K-12)
  - f. Pre-student teaching clinical experiences at the elementary and secondary levels equivalent to 100 clock hours in the area of specialization
    - (1) Applicants with the required credit in student teaching and evidence of successful teaching experience need not complete additional student teaching.
    - (2) Applicants with successful teaching experience in the field of specialization need not complete pre-student teaching clinical experiences.
2. The remainder of the required 32 semester hours may be completed by taking additional courses in the above areas and other coursework in special education.

#### **B. Learning Disabilities**

1. 32 semester hours including at least one (1) course in each of the following areas:
  - a. Survey of exceptional children
  - b. Characteristics course for children with learning disabilities
  - c. Two (2) semester hour methods course for children with learning disabilities
  - d. Psychological diagnosis of all types of exceptional children
  - e. Student teaching for children with learning disabilities (K-12)

- f. Pre-student teaching clinical experiences at the elementary and secondary levels equivalent to 100 clock hours in the area of specialization
  - (1) Applicants with the required credit in student teaching and evidence of successful teaching experience need not complete additional student teaching.
  - (2) Applicants with successful teaching experience in the field of specialization need not complete pre-student teaching clinical experiences.
2. The remainder of the required 32 semester hours may be completed by taking additional courses in the above areas and other coursework in special education.

### C. Social/Emotional Disorders

1. 32 semester hours including at least one (1) course in each of the following areas.
  - a. Survey of exceptional children
  - b. Characteristics course for emotionally disturbed and/or socially maladjusted children.
  - c. Two (2) semester hour methods course for emotionally disturbed and/or socially maladjusted children
  - d. Psychological diagnosis for all types of exceptional children
  - e. Student teaching with emotionally disturbed and/or socially maladjusted children (K-12)
  - f. Pre-student teaching clinical experiences at the elementary and secondary levels equivalent to 100 clock hours in the area of specialization
    - (1) Applicants with the required credit in student teaching and evidence of successful teaching experience need not complete additional student teaching.
    - (2) Applicants with successful teaching experience in the field of specialization need not complete pre-student teaching clinical experiences.
2. The remainder of the required 32 semester hours may be completed by taking additional courses in the above areas and other coursework in special education.

### D. Trainable Mentally Handicapped

1. 32 semester hours including at least one (1) course in each of the following areas:
  - a. Survey of exceptional children

- b. Characteristics course for trainable mentally handicapped children
- c. Two (2) semester hour methods course for trainable mentally handicapped children
- d. Psychological diagnosis for all types of exceptional children
- e. Student teaching with trainable mentally handicapped children (K-12)
- f. Pre-student teaching clinical experiences at the elementary and secondary levels equivalent to 100 clock hours in the area of specialization
  - (1) Applicants with the required credit in student teaching and evidence of successful teaching experience need not complete additional student teaching.
  - (2) Applicants with successful teaching experience in the field of specialization need not complete pre-student teaching clinical experiences.

- 2. The remainder of the required 32 semester hours may be completed by taking additional courses in the above areas and other coursework in special education.

#### **E. Blind and Partially Seeing**

- 1. 32 semester hours including at least one (1) course in each of the following areas.
  - a. Survey of exceptional children
  - b. Characteristics course (eye conditions, problems)
  - c. Two (2) semester hour methods course in both braille reading and writing.
  - d. Psychological diagnosis for all types of exceptional children
  - e. Student teaching with blind and partially seeing children (K-12)
  - f. Course in typing or proficiency
  - g. Pre-student teaching clinical experiences at the elementary and secondary levels equivalent to 100 clock-hours in the area of specialization
    - (1) Applicants with the required credit in student teaching and evidence of successful teaching experience need not complete additional student teaching.
    - (2) Applicants with successful teaching experience in the field of specialization need not complete pre-student teaching clinical experiences.
- 2. The remainder of the required 32 semester hours may be completed by taking additional courses in the above areas and other coursework in special education.

## **F. Deaf and Hard of Hearing**

1. 32 semester hours as prescribed below:
  - a. Psychological area (five (5) semester hours)
    - (1) Psychology of exceptional children (3 semester hours)
    - (2) Psychological aspects of deafness (2 semester hours)
  - b. Science area (10 semester hours)
    - (1) Speech and hearing mechanisms (3 semester hours)
    - (2) Audiology (4 semester hours)
    - (3) Phonetics (3 semester hours)
  - c. Communication and education area (12 semester hours)
    - (1) Speech for the deaf and practicum (3 semester hours)
    - (2) Auditory habilitation and practicum (2 semester hours)
    - (3) Language for the deaf and practicum (3 semester hours)
    - (4) Speech reading (2 semester hours)
    - (5) Methods for the deaf (2 semester hours)
  - d. Required background course
  - e. Professional practice
    - (1) Five (5) semester hour student teaching with the deaf (K-12)
  - f. Pre-student teaching clinical experiences at the elementary and secondary levels equivalent to 100 clock hours in the area of specialization
    - (1) Applicants with the required credit in student teaching and evidence of successful teaching experience need not complete additional student teaching.
    - (2) Applicants with successful teaching experience in the field of specialization need not complete pre-student teaching clinical experiences.

## **G. Physically Handicapped**

1. 32 semester hours including at least one (1) course in each of the following areas:
  - a. Survey of exceptional children
  - b. Characteristics course for physically handicapped children

- c. A two (2) semester hour methods course for physically handicapped children
  - d. Psychological diagnosis for all types of exceptional children
  - e. Student teaching with physically handicapped children (K-12)
  - f. Pre-student teaching clinical experiences at the elementary and secondary levels equivalent to 100 clock hours in the area of specialization
    - (1) Applicants with the required credit in student teaching and evidence of successful teaching experience need not complete additional student teaching.
    - (2) Applicants with successful teaching experience in the field of specialization need not complete pre-student teaching clinical experiences.
2. The remainder of the required 32 semester hours may be completed by taking additional courses in the above areas and other coursework in special education.

#### **H. Speech and Language Impaired**

The individual holding the Special Certificate endorsed in speech and language impaired must have a master's degree and have completed a course of study in communicative disorders and related disciplines designed to develop academic and clinical competence in the areas identified below.

The academic preparation as outlined requires a total of 66 to 75 semester hours of the designated areas of course credit, including up to six semester hours for the required practicum, distributed as outlined below.

|  | Semester<br>Hours |
|--|-------------------|
| <b>1. Field of Specialization —<br/>Speech and Language Impairments</b>  |                   |
| a. Knowledge and understanding of the normal development and use of speech, hearing, and language .....                              | 16-18 s.h.        |
| (1) Competencies specifically required include the ability to know anatomy and physiology of the speech and hearing mechanism and to |                   |

know and professionally apply phonetics and the principles of speech and language development

- (2) Additionally, the clinician should possess a broad and general spectrum of knowledge derived from the study of such fields as acoustics, communication theory, psychology of speech and language, the genetic aspects of speech and language, linguistics, semantics, and speech science.

- b. Understanding of the nature of communicative disorders and their etiologies; as well as clinical competence in the evaluation and management of speech and language impairments, specifically including disorders of articulation, voice, fluency, structural and neuromuscular impairments of speech, and disorders of expressive and receptive language; and also knowledge concerning such methodological details as program development, casefinding, scheduling, referrals, record keeping, and reporting ..... \*28-30 s.h.

\*No more than six (6) semester hours in this category may be earned in clinical practicum courses.

- c. Understanding of the fundamentals and clinical applications of hearing testing techniques, ability to interpret auditory tests, clinical competence in the administration of basic hearing tests and aural rehabilitation procedures ..... 7-9 s.h.

## 2. Professional Education and Related Areas

- a. A general understanding of the public schools from the study of materials, such as history and philosophy of education, structure and function of the schools, procedures in directing learning; general knowledge about the procedures used by other educational handicaps ..... 6-9 s.h.
- b. Knowledge and competency in the application of psychological principles derived from study of such areas as general psychology, human growth and developmental processes, educational psychology, tests and measurements, abnormal psychology, and the psychology of learning ..... 9 s.h.



### 3. Clinical Practicum in Communicative Disorders

- a. Clinical competence in the evaluation and management of communicative disorders, including specifically those listed below.
  - (1) Understanding, through at least 100 clock hours of supervised practicum involving diagnostic and therapeutic experience with children in schools, of the specific problems, methods and procedures applicable in public education
  - (2) Competence in the evaluation and management of speech, language, and auditory disorders in clinical settings other than the public schools, involving diagnostic and therapeutic experience with clients achieved through not less than 200 clock hours of supervised clinical practicum
  - (3) Ability to prepare histories, reports, letters, lesson plans, and other materials required in clinical management, and competence in counseling, interviews, and staffing achieved by doing up to an additional 100 clock hours of such activity under supervision, both in the school setting and other clinical settings
  - (4) The practicum described above should include experience with each of the following types of problems. There should be a reasonable distribution of clock hours among the various age groups
    - (a) Impairments of fluency
    - (b) Impairments of articulation
    - (c) Impairments of voice
    - (d) Speech and language impairments associated with structural and neuromuscular disabilities
    - (e) Impairments of expressive and receptive language
    - (f) Impairments of hearing

## II. APPROVALS ISSUED TO TEACH IN APPROVED SPECIAL EDUCATION PROGRAMS

Personnel approvals to teach in approved special education programs will be granted to individuals who meet the minimum preparation indicated below and will be limited to the grade level of the teaching certificate which the individual possesses.

Approvals to teach will be granted in the following areas

- (1) Educable mentally handicapped
- (2) Learning disabilities
- (3) Social/emotional disorders
- (4) Trainable, mentally handicapped
- (5) Physically handicapped

To receive this approval the applicant must have an Elementary, High School or Administrative Certificate and at least one (1) course in each of the following areas.

- (1) Survey of exceptional children
- (2) Characteristics course in the area of special education
- (3) A two (2) semester hour methods course in the area of special education that the applicant wishes to teach
- (4) Psychological diagnosis of all types of exceptional children

#### **Application Procedures For Standard Special Certificates and Approvals to Teach in Special Education Certification Areas**

Individuals seeking approval in the previously listed areas must hold an Elementary, High School, or Administrative Certificate and must make application for the Special Certificate in the area of special education approval desired. This application (see below for sample of form) must be filed at the office of an Illinois Regional Superintendent of Schools by following the procedure below.

1. Complete the application in duplicate.
2. Attach official transcripts bearing the seal of the college and signature of an official of the college. The transcripts must show a degree from a recognized institution of higher learning.
3. Submit a \$20 fee made payable to the State Teacher Certification Board in the form of a money order, bank draft or certified check. (*The School Code of Illinois* provides that each application for certification or evaluation of college credentials shall be accompanied by a fee of \$20 which is not refundable. Personal checks or cash will not be accepted).
4. Submit a \$5 registration and issuance fee; it must be made payable to the Regional Superintendent of Schools of the county where the applicant obtains certification.

- 5 All of the above items must be submitted to the Regional Superintendent of Schools where the applicant plans to teach or resides.

If an applicant qualifies for the Standard Special Certificate, that certificate will be issued and returned through the office of the Regional Superintendent of Schools.

If an applicant does not qualify for the Standard Special Certificate, an evaluation for approval will be made, a deficiency statement and notification of the applicant's approval status will be returned to the applicant through the office of the Regional Superintendent of Schools.

If an applicant does not qualify for any of the requested areas of endorsement, the fee remitted will continue to be valid for the endorsements when the deficiencies are removed. If an applicant receives one or more, but not all of the endorsements requested, a new fee and application for the remaining areas will be required when the deficiencies are removed.

### Sample Application for Certificate

| APPLICATION FOR CERTIFICATE   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| <p><b>ENTER 1. TITLE</b> (Name of person to whom certificate is being issued) <b>2. ADDRESS</b> (Name of the person to whom certificate is being issued) <b>3. DATE</b> (Date of issue of certificate) <b>4. TYPE OF CERTIFICATE</b> (Type of certificate to be issued) <b>5. PURPOSE</b> (Purpose for which certificate is being issued) <b>6. SIGNATURE</b> (Signature of the person issuing the certificate) <b>7. OFFICIAL SECRETARY'S SIGNATURE</b> (Official Secretary's signature) <b>8. SOCIAL SECURITY NUMBER</b> (Social Security Number)</p>   |  |  |  |  |  |  |  |  |  |
| <p><b>HOME ADDRESS</b> _____ <b>PHONE</b> _____</p>   |  |  |  |  |  |  |  |  |  |
| <p><b>1. PERSONAL DATA</b> <b>2. EDUCATION</b> <b>3. OCCUPATION</b> <b>4. SOCIAL SECURITY NUMBER</b> <b>5. DATE OF BIRTH</b> <b>6. SEX</b> <b>7. RACE</b> <b>8. RELIGION</b> <b>9. MARITAL STATUS</b> <b>10. NATIONALITY</b> <b>11. CITIZENSHIP</b> <b>12. RESIDENCE</b> <b>13. EMPLOYMENT</b> <b>14. INCOME</b> <b>15. ASSETS</b> <b>16. LIABILITIES</b> <b>17. CRIMINAL RECORD</b> <b>18. MENTAL RECORD</b> <b>19. PHYSICAL RECORD</b> <b>20. MEDICAL RECORD</b> <b>21. DRUG RECORD</b> <b>22. ALCOHOL RECORD</b> <b>23. GAMING RECORD</b> <b>24. OTHER RECORDS</b></p>   |  |  |  |  |  |  |  |  |  |
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| <p><b>13. CERTIFICATE OF CITIZENSHIP</b> <b>14. CERTIFICATE OF NATURALIZATION</b> <b>15. CERTIFICATE OF ALIEN STATUS</b> <b>16. CERTIFICATE OF RESIDENCE</b> <b>17. CERTIFICATE OF EMPLOYMENT</b> <b>18. CERTIFICATE OF INCOME</b> <b>19. CERTIFICATE OF ASSETS</b> <b>20. CERTIFICATE OF LIABILITIES</b> <b>21. CERTIFICATE OF CRIMINAL RECORD</b> <b>22. CERTIFICATE OF MENTAL RECORD</b> <b>23. CERTIFICATE OF PHYSICAL RECORD</b> <b>24. CERTIFICATE OF MEDICAL RECORD</b> <b>25. CERTIFICATE OF DRUG RECORD</b> <b>26. CERTIFICATE OF ALCOHOL RECORD</b> <b>27. CERTIFICATE OF GAMING RECORD</b> <b>28. CERTIFICATE OF OTHER RECORDS</b></p> |  |  |  |  |  |  |  |  |  |
| <p><b>14. CERTIFICATE OF CITIZENSHIP</b> <b>15. CERTIFICATE OF NATURALIZATION</b> <b>16. CERTIFICATE OF ALIEN STATUS</b> <b>17. CERTIFICATE OF RESIDENCE</b> <b>18. CERTIFICATE OF EMPLOYMENT</b> <b>19. CERTIFICATE OF INCOME</b> <b>20. CERTIFICATE OF ASSETS</b> <b>21. CERTIFICATE OF LIABILITIES</b> <b>22. CERTIFICATE OF CRIMINAL RECORD</b> <b>23. CERTIFICATE OF MENTAL RECORD</b> <b>24. CERTIFICATE OF PHYSICAL RECORD</b> <b>25. CERTIFICATE OF MEDICAL RECORD</b> <b>26. CERTIFICATE OF DRUG RECORD</b> <b>27. CERTIFICATE OF ALCOHOL RECORD</b> <b>28. CERTIFICATE OF GAMING RECORD</b> <b>29. CERTIFICATE OF OTHER RECORDS</b></p> |  |  |  |  |  |  |  |  |  |
| <p><b>15. CERTIFICATE OF CITIZENSHIP</b> <b>16. CERTIFICATE OF NATURALIZATION</b> <b>17. CERTIFICATE OF ALIEN STATUS</b> <b>18. CERTIFICATE OF RESIDENCE</b> <b>19.</b></p>   |  |  |  |  |  |  |  |  |  |

### III. APPROVALS ISSUED TO PREVOCATIONAL, TEACHER COORDINATOR, SUPERVISORY, ADMINISTRATIVE AND EARLY CHILDHOOD SPECIAL EDUCATION PERSONNEL

In addition to approvals issued in special education certificate areas, the Illinois State Board of Education will evaluate the following areas for personnel approval to function in special education programs

- A Prevocational coordinator
- B Teacher coordinator (pre-vocational programs)
- C Administrator of special education (director, assistant director)
- D Supervisor of special education
- E Early childhood education

The requirements for approval of each of the above-mentioned personnel are as follows

#### A. Prevocational Coordinator Approval

- 1 Standard Special Certificate or Standard Secondary Certificate
- 2 Two years teaching experience
- 3 Minimum specialized courses (16 semester hours)
  - a Required courses
    - (1) Courses in survey of the exceptional child
    - (2) Characteristics of the mentally retarded student
    - (3) Characteristics of the socially and/or emotionally maladjusted student
    - (4) Vocational programming for the handicapped
  - b Electives and/or experience
    - (1) Characteristics of other exceptionalities
    - (2) Methods course in special education
    - (3) Guidance and counseling
    - (4) Educational and psychological diagnosis
    - (5) Vocational and technical education
    - (6) Credit for one (1) year cumulative work experience outside of education

#### B. Teacher Coordinator Approval

- 1 Standard Special Certificate in the area of exceptionalities taught or Standard Secondary Certificate and approval in special education

2. Required course
  - a. Vocational programming for the handicapped
3. Minimum of one (1) course from the following
  - a. Guidance and counseling
  - b. Vocational and technical education
  - c. Credit for one (1) year cumulative work experience outside of education

#### **C. Administrator of Special Education Approval**

1. Proper Administrative Certificate
2. Master's degree
3. Required courses (30 semester hours distributed among these areas)
  - a. Survey of exceptional children
  - b. Special methods courses (three areas of exceptionality)
  - c. Supervision of programs for exceptional children
  - d. Educational psychological diagnosis and remedial techniques
  - e. Guidance and counseling

#### **D. Supervisor of Special Education Approval**

1. Proper Supervisory Certificate
2. Master's degree
3. Two (2) years teaching experience in the area to be supervised or for supervising in multiple areas, evidence of successful teaching experience in each of the additional areas
4. A total of 15 semester hours with work distributed in each of the areas listed below.
  - a. Survey of exceptional children
  - b. Characteristics course(s) in the area(s) to be supervised
  - c. Methods course(s) in area(s) to be supervised
  - d. Supervision of programs for exceptional children
  - e. Educational and psychological diagnosis and remedial techniques

#### **E. Early Childhood Special Education Approval**

All individuals teaching in an early childhood special education reimbursable program shall hold a Standard Special Certificate in special education or an Early Childhood Certificate. In addition, all early childhood special education staff shall have all four (4) of the following courses:

1. Survey of exceptional children
2. The development of language in young children
3. Early childhood assessment
4. Elementary school curriculum and organization or early childhood curriculum and organization

## Application Procedures

Application for personnel approval in the above five (5) areas is made through the Regional Superintendent of Schools. It will be necessary to follow the procedure as outlined below in order to obtain approval as an early childhood special education teacher, prevocational coordinator, teacher-coordinator, administrator of special education, or supervisor of special education.

1. Complete the "Request for Evaluation for Approval Areas of Special Education" (see below for sample form) in duplicate. There is no fee charged for this request.
2. Attach official transcripts bearing the seal of the college and signature of an official of the college. The transcripts must show a degree from a recognized institution of higher learning. If experience is required for approval, please enclose necessary documentation.
3. Be sure to indicate the type of approval you wish to obtain.
4. Submit all of the above to a Regional Superintendent of Schools who, in turn, will forward it to the Illinois State Board of Education.

If the applicant meets the qualifications for the approval, that approval will be issued and returned through the office of the Regional Superintendent of Schools.

If the applicant does not qualify for the requested approval, the deficiency statement for the approval will be returned through the office of the Regional Superintendent of Schools that initiated the application.

# Sample Form

ILLINOIS STATE BOARD OF EDUCATION  
Department of Professional Relations  
Certification and Placement Section  
100 North First Street  
Springfield, Illinois 62777

## REQUEST FOR EVALUATION FOR APPROVAL - AREAS OF SPECIAL EDUCATION

**INSTRUCTIONS** Return two copies of this application to the Regional Superintendent without fee as application for an evaluation of accompanying certificates and professional credentials. If qualified in the area of requested evaluation, a letter of approval will be forwarded to the applicant.

|   |                        |      |
|---|------------------------|------|
| NAME OF APPLICANT   | SOCIAL SECURITY NUMBER | DATE |
| ADDRESS   |                        |      |
| DO YOU HOLD AN ILLINOIS CERTIFICATE? <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Number _____ |                        |      |

I am requesting an evaluation for approval to serve as

- |   |  |
|---|--|
| <input type="checkbox"/> Professional Coordinator                             | <input type="checkbox"/> Administrator of Special Education (Director) |
| <input type="checkbox"/> Teacher/Consultant (Professional Programs)           | <input type="checkbox"/> Supervisor of Special Education               |
| <input type="checkbox"/> Transition Early Childhood Special Education Program |  |

Attached to this request are \_\_\_\_\_ letters of recommendation, all of which are \_\_\_\_\_.

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I request the Illinois State Board of Education to evaluate this candidate for the area indicated above

\_\_\_\_\_  
Signature of Regional Superintendent

\_\_\_\_\_  
County

#### IV. APPROVALS FOR "OTHER" SPECIAL EDUCATION PERSONNEL

The Illinois State Board of Education will review requests for personnel approval of individuals employed in special education programs in other professional and noncertified positions. The table listed below indicates positions, with appropriate credentials and accompanying documentation which must be forwarded with each application. Applications not accompanied by the indicated documentation and credentials will be denied or delayed until the required documentation is obtained.

For positions in the following table, *application is necessary only for initial employment in the position in a district*



## OTHER SPECIAL EDUCATION PERSONNEL

### Necessary Professional

### Credentials

### Documentation

### Special Instructions

Adapted Physical Education Teacher

Appropriate certificate requirements for physical education as stated in *SBE Document 1*

Job description with role and function, description of pupils served, percent of time with special education, applicable experience and background

Administrative Intern - Special Education

Administrative Certificate (Appendix A of *SBE Document 1*)

Job description with role and function, plan of intern program, evidence of sponsoring university approval

Art Therapist

Registration from American Art Therapy Association or master's degree in art therapy

Job description with role and function, evidence of board approval

Assistant Director - Special Education Joint Agreement District  
Assistant Director - Regional Director  
Regional Assistant Director

Administrative Certificate (*SBE Document 1*, Appendix A) and Administrator of Special Education Approval

Audiologist

Certificate of Clinical Competence in Audiology from American Speech and Hearing Association

Business Management Assistant

Bachelor's degree, business-related field or master's degree, school administration

Job description with role and function, percent of time with special education

Clinical Fellowship Year Audiologist

Copy of application for membership/certification with American Speech and Hearing Association

Original letter of assurance of clinical fellowship year participation which includes beginning and ending dates. Co signed by clinical fellowship year supervisor

Daily Living Skills Specialist

Certificate from American Association of Workers for the Blind

Job description with role and function, numbers and description of pupils served, percent of time with special education

Diagnostic Teacher

Standard Special Certificate with special education endorsement for handicapping area(s) served

Job description with role and function, description of pupils served

|   |   |   |  |
|---|---|---|--|
| Driver Education Teacher                              | Standard Special Certificate endorsed for driver education or Standard Secondary Certificate and course requirements as stated in <i>SBE Document 1</i> | Description of responsibilities numbers and description of pupils served percent of time with special education applicable experience and background        |  |
| Guidance Counselor                                    | Standard Special Certificate or School Service Personnel Certificate with guidance endorsement  | Numbers and description of pupils served percent of time with special education   |  |
| Home Economics Teacher                                | Appropriate certificate and course work as stated in <i>SBE Document 1</i>  | Job description with role and function numbers and description of pupils served percent of time with special education applicable experience and background |  |
| Industrial Arts Teacher                               | Appropriate certificate and course requirements as stated in <i>SBE Document 1</i>  | Applicable experience and background job description with role and function numbers and description of pupils served percent of time with special education |  |
| Inservice Coordinator                                 | Standard Special Certificate endorsed in a handicapping area or the School Service Personnel Certificate  | Job description with role and function  |  |
| Interpreter for the Deaf                              | Comprehensive Skills Certificate by National Registry of Interpreters for the Deaf  |   | 1981-82 school year will be the last year for professional reimbursement     |
| Music Therapist                                       | Registration from the National Association of Music Therapy or master's degree in music therapy   |   |  |
| Medical Services Personnel (Diagnostics & Evaluation) | Illinois registration from the Department of Registration and Education   | Description of specific services numbers and description of pupils served   |  |
| Occupational Therapist                                | American Occupational Therapy Association Certificate   | District should submit copy of the current registration for the first year of employment  | Annual registration updates should be maintained in district level files     |
| Orientation & Mobility Specialist                     | Certificate from the American Association of Workers for the Blind  |   |  |
| Physical Therapist                                    | Illinois registration from the Department of Registration and Education   | District should submit copy of the current registration for the first year of employment  | Annual registration updates should be maintained in the district level files |
| Recreational Therapist                                | License from National Therapeutic Recreation Society  | Job description numbers and description of pupils served  |  |

| Necessary Professional          | Credentials   | Documentation   | Special Instructions  |
|---------------------------------|---|---|---|
| Other Necessary Professional    | Appropriate Certificate(s), Approval(s) and Training  | Provide the following information:<br>1. Detailed job description<br>2. Number and types of students in program<br>3. Description of individual's training and experience which indicates he/she could function appropriately in the position<br>4. Detailed description of the supervision and back up assistance provided including the name of the person who will provide the technical assistance supervision. This person should hold the applicable supervisor credentials (see Dr. Gill's memo of 8/6/81) | These approvals will be time specific and district specific         |
| Vocational Adjustment Counselor | Bachelor's degree in a related field  | Experience as applicable job description with role and function   |   |
| Vocational Education Teacher    | Appropriate certificate with course work and experience requirements as stated in <i>SBE Document 1</i>                       | Applicable experience/background, number and description of pupils served, percent of time with special education job description with role and function  |   |
| <b>Non-Certified Personnel</b>  |   |   |   |
| Bookkeeper                      |   | Description of duties related to special education, percent of time with special education  |   |
| Custodian                       |   | Description of duties related to special education, percent of time spent with special education  |   |
| Hearing/Vision Screener         | Certificate of completion of training by Department of Public Health  |   |   |
| Interpreter for the Deaf        | Comprehensive Skills Certificate from National Registry of Interpreters of Deaf or verification of skills by certified person | Description of pupil(s), listing of school subjects for which interpreter is utilized   |   |
| Lunch Room/Playground Aide      |   | Description of duties related to special education, percent of time spent with special education  |   |
| Non Certified Health Aid        | Registered Nurse or Licensed Practical Nurse  | Description of direct health services to specific student(s) for individualized health need, percent of time with special education   | Annual license registration should be maintained at district level. |

Occupational Therapy Assistant

American Occupational Therapy Association Certificate

Other Non-Certified Employee

As applicable

Job description with role and function

Physical Therapy Assistant

Certificate from American Physical Therapy Association approved college program or equivalency test for physical therapy assistant from U.S. Department of Public Health

School Nurse Intern

Registered Nurse Intern has been approved by Certification and Placement Section

Secretary

Description of duties related to special education, percent of time spent with special education

Additional Areas

Appropriate certificate(s)/approval(s) and training

Provide the following information

- 1 Detailed job description
- 2 Number and types of students in program.
- 3 Description of individual's training and experience which indicate he/she could function appropriately in the position
- 4 A detailed description of the supervision and back up assistance provided, including the name of the person who will provide the technical assistance supervision. This person should hold the applicable supervisor credentials. (See Dr. Gill's memo of 8/6/81)
- 5 A description of the search for a qualified applicant which should include number of universities both in and out of state regional superintendent, Certification and Placement Section and any other factual information
- 6 The individual's plan to complete course work leading to the appropriate certificate or approval (if applicable)

These approvals will be time specific and district specific

Key: SBE Document 1 - The Illinois Program for Evaluation Supervision and Recognition of Schools State Board of Education Document Number 1

\*Credentialing criteria are in the process of being developed

## INSTRUCTIONS FOR APPLYING FOR PERSONNEL APPROVAL IN "OTHER" AREAS OF SPECIAL EDUCATION.

For areas of special education personnel approval listed in Section IV, the district seeking to employ an individual must file a completed form titled "Request for Approval of Other Special Education Personnel" (see below for sample of form) with the appropriate Illinois Regional Superintendent of Schools. There is no charge for this request.

Each application must be accompanied by the required credentials and other documentation as indicated in this publication. Any application not accompanied by the required materials will be denied or delayed in processing until the required documentation is obtained.

The Regional Superintendent of Schools will forward two copies of the application and the supporting documentation to the Certification and Placement Section for review. If an individual qualifies for approval, notification will be returned to the Regional Superintendent with whom the application was filed. If the request is denied, notification listing the deficiencies will be returned through the Regional Superintendent's office where the application was filed. Any questions concerning the review should be addressed to the Illinois State Board of Education, Certification and Placement Section, 100 North First Street, Springfield, Illinois 62777, 217/782-2805.

# SAMPLE FORM

ILLINOIS STATE BOARD OF EDUCATION  
Department of Professional Relations  
Certification and Placement Section  
100 North First Street  
Springfield, Illinois 62777

## REQUEST FOR APPROVAL OF OTHER SPECIAL EDUCATION PERSONNEL

**INSTRUCTIONS:** This form is to be completed for each necessary professional worker, other individual, or non-certified employee who meets any of the following criteria: a) the individual is newly employed this year by the school district or joint agreement; and b) if the individual has changed work assignments or his/her job description has changed significantly from last year. Submit the completed form and other documentation required for the specific work assignment in the Special Education Certification and Approval Requirements and Procedures to the Regional Superintendent who will forward these documents to the above address.

|                                  |   |  |                 |
|----------------------------------|---|--|-----------------|
| SOCIAL SECURITY NO.              | EMPLOYEE NAME (Last, First, Middle Initial, Maiden) | APPROVAL AREA CODE<br>(See Table Below)    | EMPLOYMENT DATE |
| REGION/COUNTY/DISTRICT TYPE CODE |   | NAME OF EMPLOYING DISTRICT/JOINT AGREEMENT |                 |
| ADDRESS OF EMPLOYER              |   | NAME OF CONTACT PERSON                     | PHONE NUMBER    |

I certify that the information above and the documentation accompanying this application are true and accurate to the best of my knowledge and have been prepared in accordance with Section 14-12.01 of The School Code of Illinois and the Rules and Regulations to Govern the Administration and Operation of Special Education.

\_\_\_\_\_  
Date Signature of School District Superintendent (if applicable)

\_\_\_\_\_  
Date Signature of State-Approved Director of Special Education

\_\_\_\_\_  
Date Signature of Regional Superintendent

### APPROVAL AREA CODE TABLE

#### NECESSARY PROFESSIONAL

|     |  |     |                                     |
|-----|--|-----|-------------------------------------|
| PAD | Assistant Director                       | PID | Interpreter for the Deaf            |
| PAF | Clerical Fellowships/Year Audiology St.  | PMD | Medical Services Personnel          |
| PAI | Administrator Intern (Special Education) | PMT | Music Therapist                     |
| PAT | Art Therapist                            | PNG | School Nurse - grandfathered        |
| PAU | Audiologist                              | POM | Orientation and Mobility Specialist |
| PBM | Business Management Assistant            | POT | Occupational Therapist              |
| PDL | Driver Education Teacher                 | PPE | Adapted Physical Education Teacher  |
| PDG | Diagnostic Teacher                       | PPT | Physical Therapist                  |
| PDL | Daily Living Skills Specialist           | PRT | Recreational Therapist              |
| PGC | Guidance Counselor                       | PVA | Vocational Adjustment Counselor     |
| PHE | Home Economics Teacher                   | PWO | Vocational Teacher                  |
| PIA | Industrial Arts Teacher                  | PZZ | Other Necessary Professional        |
| PIC | Interservice Coordinator                 |     |                                     |

#### NON-CERTIFIED EMPLOYEE

|     |                           |     |                                |
|-----|---------------------------|-----|--------------------------------|
| NBK | Bookkeeper                | NNI | School Nurse Intern            |
| NCU | Custodian                 | NOT | Occupational Therapy Assistant |
| NHA | Non-Certified Health Aide | NPT | Physical Therapy Assistant     |
| NHV | Hearing/Vision Screener   | NSC | Secretary                      |
| NID | Interpreter for the Deaf  | NZA | Other Non-Certified Employee   |
| NLP | Lunchroom/Playground Aide |     |                                |

For additional areas not listed above, fill in the space below with the position title. See the Special Education Certification and Approval Requirements and Procedures for details of documentation to accompany this request.

ISBE 73-42 (7/81)